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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER,

For the Year 1926.

WILLIAM G. SAVAGE, B.Sc., M.D., (Lond.), D.P.H.

County Medical Officer of Health,
County School Medical Officer.

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To the Chairman and Members of the Education Committee
of the Somerset County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Eighteenth Annual Report as School Medical Officer.

Much of it records the regular progress of the work, medical inspection, dental work, dealing with special defectives and the like. This work results in an enormous improvement of the health of the children and goes steadily on year after year.

In addition new developments occur and of recent years there have been a number. The most important is the comprehensive Orthopædic Scheme and as the details of its working have not hitherto been available a detailed report is submitted. Other interesting new work is the prevention of goitre by the use of chocolates containing iodine, the development of the scheme to supply extra nourishment to mal-nourished children, and the definite steps taken to improve the teaching of practical hygiene in the schools.

The arrangement of the tables is the same as last year, and they are in the form asked for by the Board of Education.

I have to thank the Medical Officers, and particularly Dr. Weaver for their valuable co-operation. Dr. Weaver has paid special attention to the physically and mentally defective children in the County, and our records of them are fairly complete.

I am, Your obedient Servant,

WILLIAM G. SAVAGE.

Health Department,
Somerset County Council,
February, 1927.

ORGANISATION.

By arrangement with the Public Health Committee, Dr. Duncombe devoted part of his time to the work of that Committee and Dr. Williamson did an equivalent amount of school work. The other medical and dental officers were as in the previous year.

MEDICAL INSPECTIONS CARRIED OUT.

The number of elementary Schools is 462 with 526 departments. The average attendance during the year ending 31st March, 1926, was 38,782.

	Urban.	Rural.	Total.
Council Schools	26	113	139
Voluntary Schools	37	286	323
Total	63	399	462

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,242. The number of children inspected was 27,408, an increase of 2,145 over the previous year. The figures for the different groups are set out in Table I. (at end of Report).

The number of children inspected, exclusive of re-inspections, was 17,563. The number of children re-inspected during the year was 9,845, compared with 8,224 in the previous year. This is exclusive of the cases referred to the School Oculist. The number of inspections in each district under the different groups examined is shown in Table VII. (at end of Report).

All the schools, except 6, were visited during the year, and all but 3 of these were visited in January, 1927. The percentage of parents present at routine inspections was 47.2. Pressure of other work only allowed a second visit to the schools to be made in a minority of cases.

EXAMINATION OF BURSARS, PUPIL TEACHERS, SUPPLEMENTARY TEACHERS, ETC.

Bursars.—The results of these examinations during the year are set out below:—

	Boys.	Girls.	Total.
Number accepted without qualification	5	4	9
Number provisionally accepted subject to treatment being obtained for:—			
Defective vision and Dental defects	1	2	3
Dental defects only	2	3	5
Rejected	0	1	1
Number examined	8	10	18

All the candidates found to need treatment obtained it, and were subsequently accepted. Two were examined by the County Oculist. One was rejected on account of organic heart lesion and high myopia.

Supplementary Teachers.—In accordance with the requirements of the Board of Education, 41 women teachers were examined at various times during the year and graded as follows:—

A.1.—In good health and free from defects	...	...	...	...	13
A.2.—In good health, but with slight physical defects	...	...	...	...	23
B.1.—In good health, but with defects likely to shorten period of service	...	...	...	...	1
B.2.—In good health, but with defects interfering with their efficiency	...	...	...	...	0
B.3.—In temporary sub-normal health	...	...	...	...	3
C. —Unfit	...	...	...	...	1
					<hr/> 41 <hr/>

The chief defects found were, as usual, dental caries and errors of refraction. Four teachers were examined by the County Oculist.

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1926 are set out in Tables II., III., and VI., which are on the same lines as last year and in the form recommended by the Board of Education.

Some of the chief percentage figures given in Table VI. are nutrition, bad or below normal, 6.4; defective hearing, 2.1; ear disease, 2.6; skin disease, 0.9; adenoids, slight, 4.6, severe, 0.2; considerably enlarged tonsils, 2.2; defective speech, 2.4; dental disease, 60.8; organic heart disease, 0.6; anæmia, 5.0; pulmonary tuberculosis, definite, 0.1; suspected, 0.6. These percentages are similar to those recorded in previous reports but, in general, are rather lower.

Defective Vision.—Defects are recorded for 40.8 per cent. of the children as shown in Table VI. This includes all degrees of defect, and is not very helpful without explanation. The percentage prevalence of defects amongst the three group classes is set out below. “ Slight defect ” includes visual acuity of 6/9 and 6/12 and “ marked defect ” any greater degree of vision defect.

	Entrants.			8 years old.			Leavers.			Total Routine. (8 years and over)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Slight defect	85.7	81.1	83.2	31.3	36.4	34.8	20.6	23.9	22.2	26.0	29.1	27.5
Marked defect	5.2	13.3	9.6	7.1	8.4	7.8	6.9	9.8	8.3	7.0	9.1	8.0

The percentages for the 8 year old children and the "Leavers" group represent the proportion of slight and marked eye defects amongst the children. The figures for the entrants are given but they merely represent the proportion found with defective sight amongst those presented by the teachers as with possibly defective eyesight, since entrants are not examined for eye defects as a routine measure. The number of children so presented fluctuates greatly. In 1925 the entrants presented were 602 with 232 showing slight and 18 marked defects. In 1926 only 166 were presented, 141 with slight and 16 with marked defects.

During the year, 1,646 elementary school cases were examined by the Oculist, 659 being re-examinations. In 972 of the 987 new cases errors of refraction were present. The nature of the defects found are given in the following tables:—

Errors of Refraction.	BOYS.				GIRLS.				Totals.
	Under 7.	8.	12 & over	Other Ages.	Under 7.	8.	12 & over	Other Ages.	
Hypermetropia	57	40	32	77	52	34	63	107	462
Hypermetropic Astigmatism	9	26	27	56	22	31	50	68	289
Myopia	2	7	5	20	6	6	30	10	86
Myopic Astigmatism ...	3	4	5	14	3	7	10	12	58
Mixed Astigmatism ...	1	9	2	11	3	11	8	15	60
Heterometropia	0	1	3	4	1	1	3	4	17
Total	72	87	74	182	87	90	164	216	972
Re-examination cases ...	11	14	122	125	10	20	167	190	659
Cases without Error of Refraction	2	1	2	1	0	2	5	2	15

						Boys.	Girls.	Totals.
Disorders of Mobility.	{	Convergent Strabismus	72	86	158			
		Alternating Strabismus (mainly convergent) ...	0	1	1			
		Divergent Strabismus	7	3	10			
		Nystagmus	3	3	6			
Pathological changes of Eye due to accident or disease.	{	Of Conjunctiva	1	2	3			
		„ Cornea	7	8	15			
		„ Sclerotic	—	—	—			
		„ Iris and Ciliary body	—	—	—			
		„ Lens	—	—	—			
		„ Vitreous	—	—	—			
		„ Choroid and Retina	2	0	2			
„ Optic Nerve	—	—	—					
Diseases of Adnexa of the Eye.	{	Of Eyelids	38	55	93			
		„ Lachrymal apparatus	0	2	2			
Congenital Disorders of the Eye.	{	Globe as a whole	1	0	1			
		Cornea (conical chiefly)	—	—	—			
		Sclerotic (blue)	—	—	—			
		Iris and Ciliary body	0	1	1			
		Lens { Dislocation	—	—	—			
		„ { Cataract	2	1	3			
		Choroid and Retina	0	1	1			
		Optic Nerve	0	1	1			
	{	Lack of Pigment	—	—	—			
		Eyelids	5	0	5			
Headaches, and other reflex nerve symptoms associated with visual defects						67	144	211
Cases considered unsuitable for instruction in Elementary Schools and certified as “Blind”						1	2	3

In addition 43 Secondary School scholars, 2 Bursars and 4 Supplementary Teachers were examined, and four days' work (approximately 50 cases) was done for the Bridgwater Urban Authority.

In connection with the arrangements made between the County Education Committee and the Mental Deficiency Act Committee, 40 cases at Sandhill Park were examined as to their vision; while 14 boys were also seen at the Street Special School.

Rickets.—This disease occurs before school life begins and the School Medical Inspector only sees the results of rickets. These are often serious and include not only gross physical deformity but a general detrimental effect on nutrition and health. In some years 400—500 cases are included in the return of routine cases as showing signs of rickets, but for 1926 only 254 cases are included.

Since May, 1926, a definite scheme for ascertaining and treating cases of rickets, long before they reach the gross deformity stage, was started and will be described in my Annual Report as County Medical Officer of Health. Up to the end of 1926 the cases reported and being dealt with were 129, exclusive of many suspected cases under observation. There are no doubt many cases not yet reported. If this Scheme is effective it will result in a few years in a material diminution in the number of rickets cases found in the children when they reach school age.

Cardiac Cripples.—Each year between 30 and 40 cases of organic heart disease are reported. The actual numbers are not large, but since these children become permanent cripples the condition is one of the utmost importance.

Heart diseases are responsible for the largest number of deaths in the County from any single group of causes: 743 in 1925. A very considerable proportion is due to heart disease developing in childhood. These childhood cases mostly developed as part of the disease—*acute rheumatism*—and almost certainly as the result of microbial infection. This condition is just as much a disease of the heart tissues as it is of the muscles. The muscles recover but the heart can never rest, and permanent damage frequently results, a chronic cardiac cripple being left. Acute rheumatism (rheumatic fever) is predominantly a disease of school ages, especially from 5—10 years.

Two points require consideration. The most important is what steps can be taken to prevent infection and the development of acute rheumatism and, if it develops, can it be so managed that permanent heart damage does not result. The second point is, can the treatment of cases which have developed heart lesions be improved. As regards the second point, in some areas special arrangements have been made for the prolonged residential treatment of these cases. This is expensive and obviously is only a palliative, since these children are not cured.

To try and reduce the incidence of these cases is an objective of the highest importance and much attention is being given to this side of the question. It must be preceded by a detailed study of every case, the possible method of infection and the causes conditioning infection. Something can be done at once by the issue of a leaflet explaining to parents the importance of this disease and the necessity of the utmost endeavour and care to avoid involvement and damage of the heart.

MEDICAL TREATMENT AND FOLLOWING UP.

In previous reports an extended account was given of the means employed in the County for providing treatment for defects found at Medical Inspection. These need not be recapitulated as no material changes have been made.

During the year 1,981 new cases were referred to the Care Visitors. Arrangements have now been made with 150 Nursing Associations, a decrease of 1 during the year. Inspections in 420 schools were attended by District Nurses. 1,025 inspections were attended by these nurses, and 2,368 cases were referred to them for home visits. Their reports state that 7,221 home visits were paid to these cases.

Their reports upon the 2,368 cases referred to them for home visits show that in 921 cases (39 per cent.) medical treatment had been obtained, and 284 cases (12 per cent.) were under treatment by the nurse; in 566 cases (24 per cent.) no treatment was obtained; 552 cases (23 per cent.) were under supervision; and in the remaining 46 cases (2 per cent.) visits had yet to be made at the time the reports were received.

During the year 656 cases of slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, were reported for breathing exercises in the schools under the direction of the teachers. Directions to parents and teachers as to treatment were given in 2,921 cases (20 per cent.) and for observation in 2,288 cases (16 per cent.)

The methods of treatment for special defects described in previous reports were maintained. The following defects may be specially mentioned.

MINOR AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 217 cases were so referred. Many cases were treated at the School Clinics (see pages 21 and 22). Special Circulars describing the nature and home treatment of Ringworm, Impetigo and Scabies have been prepared for the assistance of district nurses and parents.

TONSILS AND ADENOIDS.

A scheme for securing operative treatment for Tonsils and Adenoids at certain approved Hospitals was started in 1920. Last year 180 recommendations were issued, and 138 operations performed. The total cost of these operations was £289 5s. 6d., of which sum £20 4s. 6d. was refunded by the parents, leaving a balance of £269 1s. 6d. to be paid by the County Education Committee.

GOITRE.

As set out in my Report for last year, steps have been taken, starting in October, 1925, to provide children in a number of selected schools with minute quantities of iodine salts in order to prevent the onset of goitre. The schools selected are in the areas of two of the Inspectors only, *i.e.*, Drs. Hibbert and Brooks.

The majority of the selected schools are those in which goitre has been shown to be prevalent amongst the children, but others were selected in which it is comparatively absent. These schools were divided into two groups and in the one group iodised sweets were given: in the other no sweets were provided but the schools were marked as controls. In Dr. Hibbert's area, 22 schools were selected for the administration of these sweets and 14 as controls. In Dr. Brooks' area 49 were schools with children receiving treatment and 21 were control schools. The sweets were given to girls who were 10, 11, and 12, at the time of the commencement of the treatment, girls being selected instead of boys as this disease is so much more prevalent in girls. The sweets used are chocolates made up into plain cubes, each cube containing approximately one-fifth of a grain of iodine in the form of sodium iodide. Each child

receives one sweet a week and, allowing for school holidays, etc., each child receives 40 doses during the year or about 8 grains of iodine per annum. The cost of the chocolates is 2s. 2½d. per pound box, which works out at 6½d. per 40 doses, which is the cost of treating each child per annum. The cost of the chocolates for the three months of 1925 was £9 18s. 9d. and for 1926 was £41 14s. 9d. The sweets are given in school by the Head Teacher who keeps a simple record of each dose given. The teachers have been most interested in the scheme and have given their willing and valuable co-operation.

It is important that an experiment of this character should be carefully medically controlled and special record cards are used. All the children selected for the experiment in both the medically treated schools and in the controls are carefully recorded as regards their goitre condition by the Medical Inspectors on these special cards.

Great care is taken to avoid bias and the Inspectors are instructed to record the thyroid condition at each examination without referring to the result of the previous examination, while they do not know when examining which children are taking the iodine and which are controls.

The results tabulated are the differences between the original findings and the last report of the Medical Inspector taken as a rule after the iodine has been administered over a year but in a few cases for ten months only. No child is included unless 30 doses have been taken.

Tables have been prepared showing the findings for the three age groups separately. These are not recorded here but in general they show a higher percentage of early goitres in the older children.

Girls aged 10, 11 and 12 years.

				Dr. Hibbert		Dr. Brooks	
				+ Iodine	No Iodine	+ Iodine	No Iodine
Number of children observed				241	230	922	247
No thyroid enlargement	{	Unaltered .....	.....	111	96	369	146
		Slight increase .....	.....	14	22	43	20
		Considerable increase .....	.....	0	0	0	0
Slight thyroid enlargement	{	Decrease .....	.....	24	7	234	26
		Unaltered .....	.....	73	78	197	42
		Increased .....	.....	0	11	5	2
Definite goitres	{	Decrease to normal .....	.....	0	0	13	0
		Some decrease .....	.....	15	0	41	3
		Unaltered .....	.....	4	16	20	8
		Increased .....	.....	0	0	0	0

This table gives the findings, grouped according to the condition of the thyroid gland. The local conditions as regards the prevalence of goitre differ somewhat in the two areas and for this reason, and so as to eliminate the personal equation as much as possible, the two sets of figures are kept separate. The chief percentage results are shown in the following table:—

Girls aged 10, 11 and 12 years.

PERCENTAGES.

				Dr. Hibbert		Dr. Brooks	
				+ Iodine	No Iodine	+ Iodine	No Iodine
Normals,	Showing increase	.....	.....	11.2	18.6	10.4	12.04
Slight cases	{ Showing decrease	.....	.....	24.7	7.3	53.7	37.1
	{ „ increase	.....	.....	0	11.5	1.1	2.9
Definite goitres	{ Unaltered	.....	.....	21.1	100.0	27.0	72.7
	{ Decreased	.....	.....	78.9	0	73.0	27.3

The figures are far too small to draw far-reaching deductions but they are consistent and all tell the same story. The administration of this small quantity of iodine over the comparatively short period of a year did not materially affect the children with normal thyroids, 10—11 per cent. enlarged with the iodine and 12—18 per cent. without it. In no case was the enlargement considerable. With children showing a slight increase of the gland, but nothing definite or pathological, the figures show a decrease to the normal in a definitely higher proportion of cases than the controls. Without controls it would not be possible to say that this meant anything since the thyroid gland probably shows variations in size from time to time. The figures are, however, consistent and, I think, show a definite influence. The children with considerably enlarged thyroids are very few but they show definite decrease in size in most cases. In no case is there the slightest evidence of any harm having resulted.

The results are encouraging and should be continued. The cost is small and some further schools might be included. It will not be possible to include all the children in this way with the present staff, if proper records and controls have to be kept. I do not think iodine administration should be made general until the results of its experimental administration have been further studied.

TUBERCULOSIS.

Definite cases of tuberculosis found at Medical Inspections are referred as such to the Tuberculosis Section of the Public Health Department and are dealt with under the Tuberculosis Scheme. Suspected cases are marked "T.O." on the cards and are referred to the nearest Tuberculosis Dispensary for examination by the Tuberculosis Officers. If they find the children suffering from tuberculosis they are dealt with under the Tuberculosis Scheme, if negative no further action is required, while if doubtful or suspicious they are kept under observation and re-examined. The arrangements work very well.

During the year 94 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 12 definite and 64 suspected cases amongst those specially presented. Sixty-one cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the cases referred to the Tuberculosis Officers, 26 per cent. were found to be definite cases, and a further 17 per cent. suspicious cases of tuberculosis.

Quantock Summer Camp. The Summer Camp in the grounds of the Quantock Sanatorium was again held during the year and on very similar lines to the Camps in 1924 and 1925. Great care was taken in selecting the children and they were picked out by the Medical Inspectors and the Tuberculosis Officers right throughout the year, the list being revised and the children finally selected a few weeks before the Camp opened.

Forty girls were at the Camp from July 15th to August 12th, and forty boys from August 14th to September 12th, a period of four weeks for each group. The children were regularly weighed and medically inspected while at the Camp. The benefit to the children was striking. The average gain in weight for the girls was 7 lbs. and for the boys $3\frac{1}{2}$ lbs. As before, the Camp was run mainly by voluntary help. The total expenditure was £235, of which £171 was for food. The children were well fed and the cost for food for children and staff worked out at 15.78 pence per head per day. Each child for its four weeks' holiday cost £3 including everything. The Education Authorities of Taunton, Yeovil and Bridgwater repaid £90.

VISION AND EYE DEFECTS.

The cases of defective vision include cases of slight defects which require no special treatment, and cases of decided impairment of vision or with definite symptoms of eye strain which are referred to the School Oculist. During 1926 the School Oculist examined 987 new cases and prescribed glasses in 908 cases.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Eighty-six per cent. of the children summoned to the different eye centres attended. Of the remaining 14 per cent., the majority attended on being again sent a notice.

During the year the 5s. charged for spectacles was received from 1,068 of the parents, while in 115 cases, as compared with 79 in the previous year, the cost, or part of the cost, was provided out of County funds. The amount paid towards the provision of new spectacles by the County Education Committee during the year ending December 31st, 1926, was £21 15s. 0d. Towards the cost of repairs to frames and for new lenses, £1 0s. 4d. was paid, while a further sum of 19s. 2d. was paid in carrying out the resolution of the Committee to pay all charges for repairs above 2s. 6d. The present charge for spectacles is now rather more than their actual cost. During 1926 this gave £35 12s. 0d. profit. £23 14s. 6d. was lost on the cost of repairs and for free spectacles, and £10 on the cost of eyeshades. The cost of eye material was over-covered by about £2.

During the year, 1,183 new pairs of spectacles were supplied, while 644 pairs previously ordered were repaired, or new lenses were fitted to old frames. Children provided with spectacles are re-examined by the Medical Inspectors at their next visit to see that the spectacles fit and have not been bent out of shape. If necessary the children are referred back to the School Oculist.

Of the 987 new cases examined, 169 were cases of squint. Glasses were prescribed in 160 cases and obtained in 144. In 9 spectacles were not required. Eye shades were provided in 52 cases.

MALNUTRITION AND THE FEEDING OF SCHOOL CHILDREN.

The percentage of children reported with nutrition bad or below normal was 6.4, rather lower than during 1925. These figures do not furnish any clear idea as to the extent to which under nourishment is prevalent in school children since this will have to be long continued before it shows itself in the comparative gross form of visible impairment of nutrition.

The Scheme for providing extra nourishment for debilitated and under-nourished children was fully described in my last Report. During the past year grants of milk, malt and oil or Parrish's Food were made to 164 children at a total cost of approximately £30, including grants of milk given to certain school scholars in the mining area whose undernourishment was due to the effects of the Coal strike and not to constitutional debility or disease.

As pointed out in previous reports, an adequate and suitable midday dinner is most important for growing children.

The County Education Committee has recently made an enquiry in the schools in the County as to the arrangements made for the comfort and well-being of those children who remain on the school premises for the purpose of partaking of their midday meal. The County Education Secretary informs me that in the majority of cases satisfactory arrangements are made for the supervision of the children, and in a very large number of cases arrangements are made for the children to be supplied with hot drinks, etc., at cost price. I have not the exact figures.

During the Coal strike the nutrition of the children in colliers' families became an important problem. The whole of these children were kept under supervision and many special visits were paid by myself or different School Medical Inspectors. In general it was found that the nutrition of these children was well maintained and in only a few instances was any medical evidence present suggesting under-nourishment. In all such cases the needs of the individual children were met by milk grants, the milk being drunk on school premises under the supervision of the Head Teachers. These milk grants were found very beneficial. For only one school was it necessary to resort to school feeding. This was at Farrington Gurney school and was in operation for 20 weeks.

DENTAL DEFECTS.

The Dental Scheme only deals with children of selected special ages. Children found at Medical Inspections to have defective teeth are not treated by the School Dentists unless they come under the Scheme. They are referred for treatment as for other defects, i.e., the parents are informed, the School Care Visitors have case sheets, etc.

Treatment of defective teeth under the Scheme.—Three dentists were at work throughout the year. The figures set out show that 43.4 per cent. of the children passed through the hands of the School Dentists.

The children examined and the distribution of the schools dealt with are shown in the following table:—

District.	No. of schools.	No. of schools included.	No. of days worked.	Children examined.		Children treated.	
				Ages included in Scheme.	Other Ages.	Ages included in Scheme.	Other Ages.
Abingdon Union	45	45	59	1467	—	1020	—
Weston-super-Mare	6	6	34	908	4	614	3
Bath Rural ...	17	17	24	681	—	413	—
Bridgwater Rural ...	38	37	38	947	—	809	—
Chard Union ...	28	28	41	1060	—	922	—
Clutton Union ...	33	*34	69	1816	—	1261	—
Culverton Union ...	13	10	9	235	—	197	—
Frome Union ...	27	*48	76	1990	2	1299	—
Keynsham Union ...	10	9	10	270	—	168	—
Langport Union ...	24	24	26	625	1	467	1
Long Ashton Union	33	32	47	1283	—	888	—
Shepton Mallet Union	25	*26	29	712	—	438	—
Taunton Rural ...	29	*34	36	862	—	723	—
Wellington Union ...	18	16	24	646	—	557	—
Wells Union ...	26	24	32	877	—	624	—
Williton Union ...	31	30	30	761	1	664	1
Wincanton Union ...	27	*32	35	877	1	548	—
Yeovil Rural ...	32	32	31	819	—	661	—
	462	484	650	16836	9	12273	5

*Thirty-eight schools in the County were inspected twice in the year.

The number of children treated during the year under consideration was 12,278.

The treatment given was as follows:—

Extractions (temporary) ...	...	...	...	...	...	11,458
„ (permanent) ...	...	...	...	...	...	540
Fillings ...	...	...	...	...	...	7,782
Other treatment (scaling) ...	...	...	...	...	...	124

	No treatment required,			Cases requiring treatment,						
	No. of Cases.	No. previous treatment.	Previously treated.	No. of Cases.	Extraction temp. only.	Extraction perm. only.	Fillings only.	Extraction and fillings.	Extraction, fillings, and other work.	Other work only.
Mr. Goddard	1806	718	1088	3976	1838	106	1256	775	1	0
Mr. Nicolson	751	279	472	4677	2766	84	1031	778	6	12
Mr. Crossley	2010	722	1288	3625	1737	56	1271	438	18	105
	4567	1719	2848	12278	6341	246	3558	1991	25	117

The number of children with teeth which have been treated and then kept sound by yearly examination is very considerable as can be seen from the table. This shows that 4,567 required no treatment, of which 2,848 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 6,341 children who required temporary extractions only. This makes 10,908 children whose teeth were examined and found to be sound except for temporary extractions. The number of children now maintaining sound permanent teeth on account of this annual treatment is very large, and is conclusive evidence of the value of the dental work.

The results continue to show the satisfactory feature of previous years—i.e., the very large number of fillings and the small number of permanent teeth extracted. Great credit is due to the School Dentists for their work in this direction and for their efficient working of the scheme.

Mr. Goddard, Mr. Nicholson and Mr. Crossley worked 650 days (220, 215 and 215 respectively) during the year and examined 16,845 children, an average of 26 a day, while 19 a day were treated, the average for the previous year being 25 and 19 respectively. These figures must be considered as satisfactory in view of the difficulties of transport, administration, etc.

The cost of the dental work for the year was £2,559, the largest items being £1,512 salaries of dentists, £556 travelling and maintenance allowances, and £227 clerical assistance. The cost of dental materials and renewals was £67, while the amount paid for the hire of rooms was £146.

• The sums received as fees from parents during the year amounted to £306. The cost for each child treated works out at 4/2, or deducting parents' contributions to 3/8. Last year it was 4/4½ and 3/10¼ respectively.

The number of toothbrushes sold during the year shows an increase, the figures for the last nine years being: 4,637, 5,594, 8,099, 3,233, 3,637, 3,928, 2,355, 2,988, 3,695 (1926). The price charged is 4d.

The preventive side of the subject of dental surgery is a very important one and has always been kept in view. Leaflets (Form D.8) are distributed widely to parents, giving advice as to the care of teeth.

CRIPPLED CHILDREN.

The Orthopædic Scheme, which was set out in some detail in my Report for 1925, has been in full work all the year. Considerable voluntary help has been forthcoming and a Voluntary Organizer has been appointed for each of the 5 Major Clinics and for nearly all the Minor Clinics. At 3 of the 5 Major Centres V.A.D. nurses have mainly staffed the clinics and many other helpers have come forward. A number of ladies and gentlemen have helped as regards transport by using their cars, but transport still offers difficulties. The Tuberculosis Care Committees have given considerable help in connection with the work as regards transport, the supply of workers, etc. The Health Visitors have given valuable assistance both at the Clinics and by following up cases.

All the clinics are "closed" clinics, *i.e.*, cases are only seen by appointment, the only exception being cases brought up by a medical practitioner or sent with a note. In this way it is possible to regulate the number of cases to be seen. The sources of the cases seen are:—

Children referred through the School Medical Service.

Patients referred by the Tuberculosis Officers.

In connection with the County Infant Welfare Scheme.

Sent directly by medical practitioners.

Close co-operation is maintained with the other County Services. Not only are treated children followed up by the Orthopædic Sister but they are re-examined and kept under observation by the School Medical Inspectors and Tuberculosis Officers.

The attendances at the Major and Minor Clinics are shown in the following tables:

Attendances at Major Clinics, 1925. (Sept.=Dec.)

Dispensary.	No of Clinics held		New Cases seen	Total Attendances				
	Surgeon	Sister		I	E	T	O	All
Taunton	3	10	58	41	142	4	—	187
Glastonbury	2	5	26	17	33	1	3	54
Radstock ..	2	5	27	11	31	1	—	43
Weston-super-Mare	2	7	22	5	41	3	—	49
Yeovil	3	9	39	12	57	15	2	86
Bridgwater*	1	2	17	17	8	—	—	25
	13	38	189	103	312	24	5	444

*Although not a regular Major Clinic one Surgeon's day was held.

Attendances at Major Clinics, 1926.

Dispensary	No. of Clinics held		New Cases seen	Total Attendances				
	Surgeon	Sister		I	E	T	O	All
Taunton ..	12	33	149	157	601	22	0	780
Glastonbury ..	8	45	60	100	239	13	7	359
Radstock ..	12	34	122	76	496	24	1	597
Weston-super-Mare ..	8	41	66	19	500	16	29	564
Yeovil ..	10	32	90	40	262	8	26	336
	50	185	487	392	2098	83	63	2636

Weston-super-Mare Orthopædic Clinic.—The above figures are exclusive of 481 attendances at Special Posture Classes held on Wednesdays and Fridays.

Attendances at Minor Clinics, 1926.

Dispensary	No. of Clinics held		New Cases seen	Total Attendances				
	Surgeon	Sister		I	E	T	O	All
Wincanton ..		11		3	27	10	—	40
Frome ..		16		14	43	0	—	57
Clevedon ..		9		8	12	0	—	20
Shepton Mallet ..		8		1	18	0	3	22
Cheddar ..		11		10	7	0	—	17
Minehead ..	1	9	10	8	33	2	—	43
Langport ..		12		12	19	3	—	34
Bath ..		3		3	2	1	—	6
Bridgwater ..	1	18	11	55	46	0	—	101
	2	87	21	114	207	16	3	340

NOTE.—I=Pre-school cases, E=Education cases, T=Tuberculosis cases, O=Other cases.

The cases admitted to the Bath Orthopædic Hospital are shown in the following table:—

Bath, Somerset & Wilts. Central Children's Orthopædic Hospital.

Somerset Cases in Hospital from October 1st, 1925 to end of 1926.

Type of Case	Admitted	Discharged	Still in Hospital on 1-1-27	Total	Average duration of each case (discharged cases only).
Non. resp. Tuberculosis (Bones and Joints)	12	5	7	12	127 days
Congenital deformities	26	22	4	26	57 days
Infantile Paralysis (Ant. Poliomyelitis)	18	15	3	18	133 days
Rickets	12	8	4	12	113 days
Spastic Paralysis	3	2	1	3	124 days
Scoliosis	5	4	1	5	102 days
Osteo-myelitis (other than tubercular)	3	1	2	3	41 days
Other cases	5	3	2	5	32 days
	84	60	24	84	

While it was anticipated that the stay of the tuberculosis cases in hospital must be lengthy and may be several years, the stay of many of the other cases is much more prolonged than I anticipated. Only 84 cases in all have been admitted in 15 months and 24 were still in hospital on January 1st, 1927. There is a long Waiting List of cases for admission, which on January 1st comprised 42 cases. A little relief has been obtained by boarding out a few cases near the hospital. The cost per week in hospital is high (£2 12s. 6d.) owing to the many sources of expense. Many of these cases are retained either because the homes are so far away or are unsatisfactory, or for other reasons, rather than because they need regular surgical treatment. What is needed is a home where these children could be maintained under supervision but without the expensive equipment of the Hospital and at a much lower cost. I anticipated that many of these cases would have been sent home in plaster and supervised from the clinics. This has only been done in a few instances.

The very long standing tuberculosis cases can either be sent direct to Alton, after examination at the Orthopædic Clinics, or sent after a short stay in the Bath Hospital. The charge at Alton is only 30/- per week.

A very large number of crippled children have been seen at the different clinics, as shown in the tables. Some of them suffer from several defects and in others a definite diagnosis has either not been made or has not been recorded on our records. The statement given below, while not a complete classification, gives a good idea of the types of cases which have been dealt with at the Clinics.

Cases seen at the Clinics.

Tuberculosis of bones and joints	39
Spastic paraplegia	27
Infantile paralysis (anterior polio-myelitis)	90
Osteo-myelitis	3
Congenital dislocation of the hip... ..	25
Club foot	37
Claw foot	23
Rickets	83
Knoek knees (mostly old rickets)... ..	67
Seoliosis	21
Torticollis	10
Postural deformities:—	
General defects of posture	83
Flat foot (often with other postural deformities) ...	60
Kyphosis	4
	<hr/>
	147
Other defects and deformities	101
	<hr/>
	673
	<hr/>

The first year's working of an Orthopædic Scheme must always be somewhat unsatisfactory from the point of view of treatment. The Clinics are flooded with old cases of crippling. Many have received some treatment but only partial and nearly always followed by relapse, owing to inefficient following up after operation. Many of these are too old for satisfactory treatment to be undertaken and any treatment given must be prolonged.

These are now being sorted out and dealt with and it will be possible to devote more time to the really hopeful cases, *i.e.*, those in which the defects are recognised early and prompt treatment can be given. Also many slight defects when found early, readily lend themselves to treatment. Many such cases can be treated at the Clinics without going to Hospital.

A large number of cases have been provided with suitable splints and appliances. During 1926, 100 splints, etc. were supplied, 43 being calipers and 19 outside irons, while 89 alterations to ordinary boots were ordered and supervised. In addition a large number of plaster of Paris splints were fitted. These appliances are obtained chiefly from the Oswestry and Wingfield Orthopædic Hospitals, while now the Bath Orthopædic Hospital has started to make them. There has been a good deal of delay in delivery.

A number of the cases would benefit from massage and this has been provided at several of the larger centres. It is nearly impossible to arrange for this for cases living far away from the main centres, since to be effective it must be given several times a week.

X-ray photographs of cases are required in a number of cases, either to aid in making the diagnosis or as a guide to the treatment required. Arrangements have been made with 7 Hospitals or individuals for X-ray photographs. The usual agreed scale is 10/6 per plate, but many cases require two plates. It is important to arrange with as many centres as possible as the transport of these cases is always a difficulty.

Some of the cases are likely to benefit from light treatment and steps are being taken to supply this at a number of centres.

The cost of the Orthopædic Scheme is apportioned between the County Education Committee, the Tuberculosis Sub-Committee and the Maternity and Child Welfare Sub-Committee. The proportion of tuberculosis cases seen and admitted to hospital has been fewer than anticipated and the Education Committee cases correspondingly more numerous, so that the major cost at present is falling upon the Education Committee.

The total expenditure upon the Orthopædic Scheme shared between the three Committees for 1926 is as follows:—

EXPENDITURE.

I. In-patients.						£	s.	d.
Bath Orthopædic Hospital	...	...	...	...	...	3,195	7	6
Boarded-out cases	...	...	...	...	...	5	5	0
Travelling expenses to Hospital	...	...	...	...	...	3	10	8
II. Out-patients.								
(a) Splints and appliances	...	...	...	...	...	96	12	2
(b) Orthopædic Surgeon (services and travelling expenses)	...	...	...	...	...	230	9	6
(c) Nursing assistance: Miss Mayor (salary and travelling expenses)	...	...	...	...	...	413	7	4
Holiday substitute	...	...	...	...	...	11	14	8
(d) Travelling expenses of cases	...	...	...	...	...	8	14	8
(e) Maintenance of County Clinics	...	...	...	...	...	96	16	10
(f) Payments to outside Clinics	...	...	...	...	...	4	10	0
(g) X-ray photographs	...	...	...	...	...	31	14	6
III. Central Office expenses.								
Clerical assistance, printing, postage, stationery, etc.	...	...	...	...	...	123	0	0
						<hr/>		
						£4,221	3	4
						<hr/>		

RECEIPTS.							£	s.	d.
In-patient payments	...	...	...	...	...	...	196	17	6
From Dorset and Local Authorities in the County	...	...	...	...	...	...	165	0	0
Payments towards splints and appliances	...	...	...	...	...	...	15	6	9
							<hr/>		
							377	4	3
							<hr/>		
Nett expenditure	...	...	...	...	...	...	£3,843	19	1
							<hr/>		

The original estimate approved by the County Council was £4,016 per annum, and did not allow anything for Central Office expenses or for rent of dispensaries. As £148 has been allotted for these items and will come off other schemes the cost is working out well below the estimate.

The prevention of crippling conditions. No orthopædic Scheme, in my opinion, is worth while unless it is worked with and as part of a scheme for the prevention of crippling defects. There are two important considerations involved. One is that a large proportion of crippling conditions is entirely preventable; the other that a most important factor in sound treatment is early treatment. Neglected cases not only are much more troublesome to treat and yield less satisfactory results but the treatment given has to be greatly prolonged and therefore costs very much more. It is most important to link up the work of other sections of the Health Department so that cases come to our notice early. Already we are obtaining much earlier cases.

On the preventive side definite progress is being made. The scheme for rickets prevention and treatment is described elsewhere. A great deal is being done to reduce infection from human sources of tuberculosis, and something, but not much, to prevent human infection from bovine sources. These two groups of diseases are responsible for an enormous number of cripples. The list of cases seen at the Clinics shows that no less than 90 were crippled from Infantile Paralysis. This is an infectious disease which at present is difficult to prevent. It is a notifiable disease, but only a fraction of the cases are reported. Many are unrecognised at first by the parents, and a doctor only sees the child when there is considerable paralysis. Thirty-two of the cases seen were born in 1919-1921, and evidently there were a good many cases in those years. Most of them should go to hospital for prolonged rest and later re-education of the muscles. By proper treatment the effects of the disease can be markedly diminished and much crippling prevented. Our arrangements for dealing with this disease and its effects need to be materially improved.

Congenital deformities form a large group but they include a number of birth injuries, and improved midwifery practice will diminish these.

Postural deformities constitute a large section of the cases brought to the Clinics. Some are associated with hereditary conditions but a great many are entirely preventable. As part of the Orthopædic Scheme steps have been taken to pick out, through the School Medical Inspectors, children showing defective posture in a few selected schools and to give remedial exercises. These exercises are specially designed to

develop the weak muscles and to enable a correct posture to be acquired and maintained as the normal habit. Such classes have been started at Weston-super-Mare, Glastonbury and Radstock, all up to the present being for girls. These cases have shown remarkable improvement in every instance when the girls have tried to do the exercises properly and have shown an intention to follow them up in their own homes, as instructed. Indeed all the cases have shown improvement when twice a week courses have been given. When attention is directed to the matter the very large number of children who show very defective postures, and who are incapable of maintaining a good posture is very noticeable. The opinion of experts is that defective posture is an important factor in causing ill-health and that improvements in posture are followed by a marked improvement in both well-being and mental alertness. It is not possible to do anything on a large scale towards posture improvement as part of the Orthopædic Scheme. All that has been done is rather in the nature of an experimental demonstration of the possibilities of health improvement along those lines. This is part of the larger question of physical training in the Schools. The principle of this is already sanctioned by the appointment of one Physical Instructor. I consider this side of the work should be developed extensively along the lines of posture exercises and in co-operation with the Orthopædic Scheme. Small groups of children with bad postural defects could be given special courses of instruction through the Orthopædic Scheme, but this is impracticable for the children generally. Defective posture is also affected by desks and other school furniture, and attention should be paid to this side of the subject.

SCHOOL CLINICS.

The School Clinics at Weston-super-Mare and Frome were opened in 1920 and have fulfilled, and continue to fulfil, most useful functions in providing facilities for the more detailed examination of children referred from medical inspection and other special cases, and for the treatment of eye, ear and skin diseases and minor ailments. Children are only accepted for treatment on the recommendation of head teachers, school care visitors and attendance officers, and only if not obtaining treatment from their own doctors. The tables show the work accomplished last year.

The temporary Clinics at Welton, Radstock, Farmborough, and High Littleton have been continued. Fifty-six children suffering from ringworm of the scalp were treated. Of these, 14 were cured and 42 were under treatment at the end of the year. The children made 510 attendances at the Clinics.

Further Clinics, temporary or permanent, could be established with advantage at other centres, *e.g.*, Wellington, Glastonbury or Street, and Shepton Mallet, but the staff of School Medical Inspectors is too fully occupied to undertake any such new work.

VERMINOUS CONDITION OF SCHOOL CHILDREN.

The equivalent of the time of two whole time School Nurses was available for this and allied school work. All the Health Visitors did some of this work. The children examined were 22,200 boys and 24,831 girls, and of these, 453 boys (2.0%) and 1,510 girls (6.0%) were found verminous. During the year 232 children were excluded as belonging to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure, but 8 parents of 17 children were prosecuted during the year. In every case but one fines were inflicted. The one case was adjourned and subsequently withdrawn, the head being clean.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendances at Clinic.
		Cured.	Improved.	Unrelieved.	Under treatment, etc.	Total treated.		
Fitness for School or Special Schools	21	—	—	—	—	—	21	25
Re-examined from 1925	6	—	—	—	—	—	6	45
External eye diseases	4	19	6	1	4	30	34	133
Ear diseases: Otorrhœa, etc.	3	11	2	1	12	26	29	424
Deafness	3	—	5	—	—	5	8	26
Ringworm: Body	—	4	—	—	—	—	4	9
Scalp	3	4	—	—	2	6	9	142
Infected skin diseases (Impetigo, Scabies, etc.)	3	71	—	—	4	75	78	289
Eczema and other skin diseases	2	12	2	—	4	18	20	87
Other conditions	29	15	4	—	—	19	48	109
Totals	74	136	19	2	26	183	257	1287

Total individual children examined or treated = 247

FROME SCHOOL CLINIC.

SUMMARY OF WORK, 1926.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated.	Attendances at Clinic.
		Cured.	Improved.	Unrelieved.	Under treatment, etc.	Total treated.		
Fitness for School or Special Schools	—	—	—	—	—	—	—	—
Re-examined from 1925	16	—	—	—	—	—	16	28
External eye diseases	1	2	—	—	2	4	5	83
Ear diseases: Otorrhœa, etc.	—	4	5	2	3	14	14	106
Deafness	3	1	1	—	1	3	6	17
Ringworm: Body	—	2	—	—	2	4	4	22
Scalp	2	3	—	—	10	13	15	130
Infected skin diseases (Impetigo, Scabies, etc.)	—	13	—	—	1	14	14	50
Eczema and other skin diseases	2	14	2	—	1	17	19	60
Other conditions	30	6	13	2	2	23	53	146
Totals	54	45	21	4	22	92	146	642

Total individual children examined or treated = 136

RINGWORM.

This disease is steadily diminishing in importance as a cause of loss of school attendance. At the end of 1926 there were only 152 cases known to the Health Department. The greatest number of cases were in Midsomer Norton, 17; Axbridge Rural, 15; Bath Rural, 15; Clutton Rural, 14; Radstock, 13; and Frome Rural, 10.

There were no known cases in 394 schools, one case in 31 schools, two cases in 17 schools, three in 8, four in 7, five in 1, and six or more in 4 schools. The five schools with five or more cases are Combe St. Nicholas (5), High Littleton (6) and Midsomer Norton C.E. (6), Stogursey (7) and Radstock Council (11).

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 56 fresh cases. Of the 152 known cases, in 49 District Nurses are assisting in the treatment, as compared with 36 in the previous year. 21 children were given X-ray treatment during the year for ringworm.

Attendance of Cases at School under the Special Conditions.—The following table classifies the known head ringworm cases at the end of the year according to whether attending school under the scheme or not.

Attending under the scheme as far as is known ...	121
Excluded: Refused scheme	5
„ Failure to comply with cap conditions ...	7
„ Suffering from extensive ringworm or on parts not covered by cap	12
„ Age under 5	7
Total excluded	31
	<hr/>
	152

The above figures show that as regards ringworm of the head, 79 per cent. of the children suffering are attending school under the special conditions.

Sixty-three cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few weeks.

SECONDARY SCHOOLS.

All the maintained Secondary Schools are systematically inspected but the staff available does not permit the Aided Schools to be included, but these schools are given the option of having their pupils inspected by a local doctor, ~~the cost being borne by the Education Committee.~~ The Wells Blue Schools and the two Ilminster Schools have made an arrangement of this kind.

The number of scholars examined last year and the results obtained are shown below:—

					ROUTINE MEDICAL INSPECTIONS.		
					Boys	Girls.	All.
Entrants	...	...	...	...	61	74	135
Intermediates	...	...	...	..	163	179	342
Leavers	...	...	...	...	92	88	180
					<hr/>	<hr/>	<hr/>
Totals					316	341	657

OTHER INSPECTIONS.

					Boys	Girls.	All.
Specials	...	...	...	...	10	17	27
Re-inspections	...	...	...	...	65	92	157
					<hr/>	<hr/>	<hr/>
				Totals	...	...	...
					75	109	184

Medical treatment for Secondary School scholars has not been provided, but any suspected to be suffering from tuberculosis are referred to the nearest Tuberculosis Dispensary for further examination and, if necessary, treatment; and pupils with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 61 pupils, and accepted by the parents of 45.

Of the 684 scholars examined as routine or special cases 72 were found to be already wearing spectacles. Where these spectacles appeared to be unsuitable, further examination was offered.

Defects found in Secondary School Children.

Condition.						No. of defects.	No. referred for treatment.	No. referred for observation.
Malnutrition	...	...	...	...	...	8	1	0
Uncleanliness	...	...	...	...	...	1	1	0
Skin Disease	...	...	...	...	...	1	1	0
Ringworm: Head	...	...	...	...	...	0	0	0
Body	...	...	...	...	...	0	0	0
Defective vision	...	...	...	...	...	151	56	25
Squint	...	...	...	...	...	4	0	1
Eye disease	...	...	...	...	...	2	2	0
Defective hearing	...	...	...	...	...	8	2	2
Ear disease	...	...	...	...	...	12	4	1
Nose and Throat disease:								
Tonsils slightly enlarged	...	...	...	...	...	58	3	23
„ considerably enlarged	...	...	...	...	...	3	3	0
Adenoids: Slight	...	...	...	...	...	16	1	9
„ Marked	...	...	...	...	...	0	0	0
Other conditions	...	...	...	...	...	11	0	3
Teeth: Dental disease	...	...	...	...	...	261	14	2
Enlarged cervical glands	...	...	...	...	...	102	0	3
Defective speech	...	...	...	...	...	5	0	2
Heart Disease:								
Organic	...	...	...	...	...	5	1	3
Functional	...	...	...	...	...	4	1	3
Anæmia	...	...	...	...	...	67	11	0
Lung disease (non-tubercular):								
Bronchitis	...	...	...	...	...	1	0	0
Other diseases	...	...	...	...	...	6	2	1
Tuberculosis:								
Pulmonary—Definite	...	...	...	...	...	0	0	0
Suspected	...	...	...	...	...	1	0	1
Non-Pulmonary	...	...	...	...	...	2	0	1
Disease of the nervous system:								
Chorea	...	...	...	...	...	0	0	0
Other	...	...	...	...	...	14	5	4
Deformities	...	...	...	...	...	66	45	2
Enlarged Thyroid or Goitre	...	...	...	...	...	27	8	1
Other defects and diseases	..	...	...	...	...	26	7	6

These figures include specially presented children as well as routine, which prevents them from being compared closely with those from the Elementary Schools as regards the prevalence of defects.

A number of the children who enter Secondary Schools with Scholarships show physical defects. Though it would seem reasonable that such children should have these defects remedied before they are admitted, such a stipulation is not permissible

under the Board of Education Regulations. Arrangements have been made, however, by which Free Place Scholars will not be given grants in aid until any previously discovered defects, which would prevent their taking full advantage of Secondary School education, have been remedied.

EXCEPTIONAL OR DEFECTIVE CHILDREN.

Table III. at the end of this report summarises and classifies all the children who were on the Special Registers of the School Medical Department at the end of 1926. Any child suffering from more than one defect is recorded only in that class of defect which dominates the special education or treatment required.

For the purpose of calculating the incidence of defectives per 1,000 of the school children, the number of scholars on the elementary school registers last year is estimated at 41,000. The incidence calculated in this way is not accurate, as normal children leave school at 14 years, while most of the defective children are retained on the Special Registers until 16 years of age.

Blind Children.

All children found or reported to be suffering from defective eyesight are referred to the County Oculist for examination, and any found to be "blind" or "partially blind" are so certified by him.

The 26 "blind" children recorded in Table III. represent an incidence of 0.6 per 1,000; and the 73 "partially blind" children, an incidence of 1.7 per 1,000.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. In a few instances parents have refused to allow their children to leave home. One such case is pending and proceedings may be taken to secure an attendance order, but in two others no such proceedings are possible as the children are unvaccinated, so that their admission is refused by the Institution Managers until they are vaccinated, and this the parents decline and cannot be compelled to have done.

Institutional cases on attaining the age of 16 years are transferred to the Higher Education Committee for further training, if suitable

Special Day Classes for "partially blind" children (and the same applies to "partially deaf" children) are desirable, but their provision in a large county with scattered schools is impossible in practice. Bad-sighted or myopic children have to remain in the elementary schools, but the Head Teachers are directed how to give them oral and such other instruction as is possible without detriment to their eyesight.

Deaf Children.

Children reported to be deaf are specially examined, and, if necessary, certified as "deaf" or "partially deaf." All "deaf" children are sent to certified Deaf Schools or Institutions, if they are of suitable age and mentally and physically fit for special education.

The 33 "deaf" and 15 "partially deaf" children recorded in Table III. represent an incidence of 0.8 and 0.3 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1925 the Special Register contained the names of 425 feeble-minded children—242 boys and 183 girls. During the past year 31 boys and 29 girls, a total of 60 children, were certified and their names added to the Register, while the names of 42 boys and 34 girls, a total of 76, were deleted owing to the children having attained the age of 16 years, removed from the County, died, or been re-graded; leaving a net total of 409—231 boys and 178 girls—on the Special Register at the end of the year.

These 409 feeble-minded children are equivalent to 9.9 per 1,000 of the total number of children on the registers of the Elementary Schools.

Mental Examinations.—During the past year 176 children were examined and certified for the first time, and 54 were re-examined for re-grading or certification for Special Schools or Institutions.

The results of these examinations are shown below :—

					Schedule A.		Schedule B.	Schedule C.	Totals.
					Fit for education in an Elementary School.	Fit for Special Class for dull and backward children.	Fit for Special School.	Unfit for Special School.	
First examination—									
Boys	...	...	...		7	69	31	12	119
Girls	...	...	...		2	23	29	3	57
					— 9	— 92	— 60	— 15	— 176
Re-examined—									
Boys	...	...	...		0	10	18	2	30
Girls	...	...	...		0	4	19	1	24
					— 0	— 14	— 37	— 3	— 54
					9	106	97	18	230

Each of the four District School Medical Inspectors is responsible for the examination of all suspected mentally defective children of school age in his area. Dr. Remmett Weaver, the Assistant County School Medical Officer, is responsible for the Weston-super-Mare and the Street Special School, and he also acts as one of the Medical Officers of the Mental Deficiency Act Committee. In addition to examinations included in the above Table, he last year made 44 examinations for the Mental Deficiency Act Committee.

Dr. W. G. Parker is Visiting Officer for the Sandhill Park Special School for Girls and Farm Colony.

Education and Care of Defectives.

Sandhill Park. This was opened on September 23rd, 1925, as a Certified Institution under the Board of Control to provide accommodation for 72 female defectives, and as a Residential Special School under the Board of Education for 47 feeble-minded girls. Sanction for 9 additional beds for feeble-minded girls is being sought. When the Farm Colony scheme is proceeded with, houses will be built to accommodate feeble-minded boys and girls of school age and for adult male defectives, the mansion house being then reserved for women.

During the past year 18 girls were admitted to the Special School and 9 discharged. At the end of the year there were 44 girls in residence at the Special School. Five of these girls belong to the Borough of Taunton.

Street Special School. Since September, 1925, "The Grange," Street, has been used as a Special School for boys. The accommodation is for 40, and at the end of 1926 there were 39 boys at the school. One child belongs to Taunton and one to Bridgwater.

Last year applications were made to the Magistrates for Attendance Orders for Special Schools in respect of 14 children. Nine orders were made but in one case the parents have appealed to the High Court to have the order set aside.

Yatton Hall. This Institution was established in 1917 by the Somerset Association for the Care of the Mentally Defective. It was taken over by the Mental Deficiency Act Committee in 1919, and extensions were subsequently made to provide accommodation for 76 patients. It is primarily intended for low grade defectives. At the end of 1926 there were in residence 28 boys and 11 girls of school age in addition to older defectives.

Special Day Classes. The wide distribution of feeble-minded children in the County renders it difficult to form Special Day Classes. Four years ago the Education Committee proposed to establish such classes at Wellington and Frome, but the consent of the Board was withheld on the grounds of national economy. At the end of 1923 the Board of Education informed the Education Committee that they were willing to reconsider the proposal for a Special Class at Wellington, and accordingly the Committee submitted its proposal as regards Wellington and in addition preliminary arrangements for another Class at Street. For some time the Board's approval to the

Committee's arrangements was withheld. In 1925, however, the Special Day Class at Street for feeble-minded children was sanctioned and was opened at the beginning of 1926. 13 children have been in attendance. During the year one girl has been transferred to the Sandhill Park Special School and one boy is going to another Residential Special School.

The problem of Special Day Classes or Schools for the feeble-minded is closely linked with the provision of more individual education for the dull and backward children.

In discussing this dual problem it is necessary to consider how all the various groups of mentally sub-normal children are or could be dealt with.

I. Mentally Defective.

1. Idiots and Imbeciles.—These are notified to the Control Authority and treated in Institutions, Occupation Centres, etc.

2. Feeble-minded.—These may be grouped into Higher or Lower Grades; or into an Educational Group, including those, whose defect being only ineducability, require special teaching rather than institutional care, and a Social Group, comprising those also showing anti-social tendencies or traits.

With the limited Residential School accommodation available in Somerset, the policy has been to select for admission the lower grade cases; children with adverse home conditions; and such of the anti-social group as could be appropriately dealt with. A few of the anti-social children, urgently needing residential treatment, have been sent to Institutions outside the County. The remainder of the feeble-minded children have had to stay at the elementary schools, except where Occupation Centres have been available for them.

II. Not Mentally Defective.

3. A group of Borderline Children, who are very dull, but not certifiable as feeble-minded. Although all the groups merge one into another, it is on the borderline between feeble-mindedness and mere dullness that the greatest difficulties in classification are experienced.

4. Dull and Backward.—In this group are included: retarded children, *i.e.*, those who by reason of slow development, neglected early education, irregular attendance, etc., are so far behind their fellow scholars that they cannot catch up without special attention; and slightly mentally abnormal children, *i.e.*, who those are essentially dull, congenitally illiterate, or partially word-blind or word-deaf.

While more or less adequate provision has been made for the education of the other different grades of children, the dull and backward and borderline children (about 5—10 per cent.) have had to remain in the ordinary elementary schools where they make little progress, but divert attention and effort from the normal scholars and damp the enthusiasm of the teachers. These cases create little interest or sympathy for they have no physical or serious mental defects to attract the attention

of the educational or social reformer. As a matter of fact they are worthy of as much special care as any other group of exceptional children, for by more individual education practically all could be improved, and many brought sufficiently near to the normal to resume attendance in the ordinary classes of an elementary school.

There remain, therefore, three groups of mentally abnormal children for whom special educational provision is required:—

- (a) Those feeble-minded children for whom Residential Schools are not needed, or are not available.
- (b) Borderline children.
- (c) Dull and backward children.

For these combined groups Special Day Classes or Schools are advocated. They might appropriately be called "Coaching Classes" and, if the feeble-minded children in attendance were uncertified, all the stigma associated with "Special Classes" and "Mental Deficiency" could be avoided. This question of name is a really practical one, for sentiment is very strong, parents bitterly resenting their children being labelled "mentally defective," as has been found when applying for attendance orders for Special Schools. Much opposition would have been avoided in these cases if the children had been described, in the terms of the Education Act, as incapable of education in an ordinary elementary school, instead of being certified feeble-minded in accordance with the Mental Deficiency Act.

There are too few feeble-minded children in any of the County areas to form successful Special Classes, but by including borderline and dull and backward children the numbers would be so increased, that Coaching Classes or Schools could be arranged in the more populated districts. The classes could be formed in connection with the larger elementary schools, or on a central basis to serve for neighbouring schools. The children would, according to the progress made, be returned to the ordinary classes, or retained till reaching the leaving age. The feeble-minded children could be certified before leaving, if it were desirable to retain control over them.

The policy of the Board of Education, in respect of the certification of the feeble-minded children as unfit for education in an ordinary elementary school and the provision of special schools and classes, seems to be undergoing considerable modification, and the retention of as many defective children as possible in the fold of the elementary school is suggested. Allowing that new methods of instruction, more handwork, individual study and intra-class grouping assist the education of some sub-normal children, this does not justify the retention in ordinary classes of children certified as incapable of instruction therein. It would appear preferable, whenever practicable, to place all sub-normal children in Special Classes where their educational needs could be adequately met.

Occupation Centres. Since the end of 1920 the Somerset Association for Mental Welfare has provided very useful Occupation Centres in various parts of the County. Last year Classes were held at Taunton, Weston-super-Mare, Bridgwater and Frome under the supervision of Miss Penrose.

Most of the children attending the Taunton and Bridgwater Centres belong to those Boroughs, but in December last there were on the registers 20 children of school age as well as 2 older defective boys belonging to the County.

After Care of Mentally Defective Children. The Somerset Association for Mental Welfare through its officers and Voluntary Visitors is doing valuable work in following up and assisting defective children who have left school.

Epileptic Children.

The number of epileptic children of severe grade is small. Only 5 are at present in special institutions. Several other children would be sent but, on account of mental defects, no accommodation for them can be secured.

Physically Defective Children.

Cases of tuberculosis are dealt with through the Tuberculosis Section of the Health Department. It has not been found possible to classify the tuberculous children into the groups suggested by the Board of Education Circular No. 1321, Table III. All tuberculous children are periodically examined and certified as to their fitness for school by the School Medical Inspectors and the Tuberculosis Officers, and no child in an infectious condition is permitted to attend school.

Crippled children are recorded in Table III. and the details of the County Orthopædic Scheme are discussed on pages 15—21.

SCHOOL HYGIENE.

Sanitary Condition of Schools.—The importance of schools being in a sanitary and healthy condition is twofold. Defects such as faulty lighting, inadequate ventilation, or insufficient washing facilities may be directly prejudicial to the health of the children, while also schools are the centres for education, and not the least important are the lessons imperceptibly taught to the children by a sanitary environment.

It is part of the duty of School Medical Inspectors to report upon the sanitary condition of school premises, and 439 reports were received, as well as 2 upon Secondary Schools. The latter were satisfactory. In 258 cases no defects were found or at least adversely reported upon. In 64 the defects were of a minor character and not followed up. In the remaining 117 instances the reports were referred to the Education Office to deal with. These, with the results obtained as regards their remedy, are summarised in the following table. The number is considerably more than 117, as many schools showed more than one defect.

Action taken.

Nature of defect found.	Action taken.				Total.
	Remedied.	Improved.	Pending.	No action taken.	
Struetural defects of offiees	18	2	16	0	36
Defects in usage of offices	9	1	2	0	12
Water supply	6	0	7	2	15
Ventilation defective	8	2	19	1	30
Lighting defective	4	1	12	2	19
Want of cleanliness	1	0	0	0	1
Defective cloakrooms	2	0	10	0	12
Repairs or re-decoration required ...	10	0	12	1	23
Desks unsuitable	11	0	3	21	35
Defective playground	1	0	9	2	12
Defieient heating	1	1	4	0	6
Other defects	5	0	3	0	8
	76	7	97	29	209

Hygiene Instruction in Schools. Miss Hobbs started her work in January and considerable attention was paid to this branch of health work. During the year a special course was arranged for teachers consisting of 8 lectures on Physiology and Hygiene. This Course was given at the following Centres:—Bridgwater (33), Yeovil (37), Wells (15), Frome (25), Taunton (53). The figures in brackets show the average attendance.

A large number of posters and diagrams were obtained and made available, while lantern slides were shown at most of the lectures. The whole course was made as practical as possible and was specially directed towards the kind of instruction to be given on hygiene to school children. Lists of suitable books and posters were made out and can be obtained by Head Teachers through the County Education Office. It is anticipated that teachers who have attended this course will be able to give, or greatly improve, hygiene instruction to the children in their schools.

In the early part of the year, nine talks on foods, etc. were given at Domestic Subjects Centres.

Most teachers welcome short talks on health matters to the children, and the opportunity of being in the district often enables such a talk to be given. Forty-six such talks were given during the year.

In addition a good deal of Health Propaganda work is carried out by leaflets and other means in connection with the dental and other work of the School Medical Department.

Physical Training.—I am indebted to the County Education Secretary for the following particulars of the work of the Physical Training Instructors:—

"The organization of this work has been carried out during the past year by Capt. G. J. G. Fitzgerald. It has not been possible to develop this subject in our schools as much as has been desired more especially for the younger children and girls, because the vacancy caused by the resignation of Miss MacDougall has not yet been filled.

Demonstration courses for teachers in elementary schools have been held at Williton, Minehead, Churchill and Shepton Mallet. There is, however, a demand from teachers for further courses, but it is not possible to comply with these demands with the present staff.

Folk Dancing has been introduced into several schools, and apart from its recognised æsthetic and traditional values, it is a very suitable subject to take the place of organized outdoor games in inclement weather.

The County Athletic Meeting was revived this year and a very successful Meeting was held in Weston-super-Mare, at which teams from five areas competed."

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 45 schools or departments were closed on account of infectious disease; 26 under Article 45 (b) of the Code by the School Medical Officer, and 19 under Article 57 by the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Whooping cough	...	...	...	...	...	12
Mumps	...	...	...	...	...	4
Measles	...	...	...	...	...	18
Scarlet fever	...	...	...	...	...	4
Diphtheria	...	...	...	...	...	2
German measles	...	...	...	...	...	2
Influenza	...	...	...	...	...	2
Influenza and whooping cough	...	...	...	...	...	1
						<hr/> 45 <hr/>

Under the 1925 Regulations 349 certificates for weekly attendance below 60 per cent. were issued in respect of 124 schools or separate Departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 300. Of these, 151 were for ringworm, 30 for verminous condition of head or body, 58 for other skin diseases, while the remainder were for a variety of conditions. In addition, 102 cases of actual or suspected phthisis and 27 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year, 6,328 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 1,797 suspected diphtheria swabs were examined, the majority being from children of school age; 484 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 251 showed the ringworm fungus, while the remaining 233 were negative. Of these 484 specimens, 366 were taken by the School Medical Inspectors or the Health Visitors, and 118 were examined for private practitioners and District Nurses.

TABLE I.

Number of Children Inspected 1st January, 1926, to 31st December, 1926.

A.—Routine Medical Inspections.

Number of Code Group Inspections.				Boys.	Girls.	Total.
Entrants	...	...	...	3114	2930	6044
Intermediates	...	...	...	1823	1678	3501
Leavers	...	...	...	2466	2359	4825
Total				7403	6967	14370
Number of other Routine Inspections				Nil.		

B.—Other Inspections.

Number of Special Inspections	...	...	1562	1631	3193
Number of Re-inspections	...	...	4832	5013	9845
Total			6394	6644	13038

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1926.

DEFECT or DISEASE.						Routine Inspections.		Specials.	
						No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment
(1)						(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	169	65	154	11
Uncleanliness—									
Head	...	...	...	...	...	204	29	53	8
Body	...	...	...	...	...	12	12	14	3
Skin	...	Ringworm—				—	—	—	—
		Head	...	...	...	54	2	40	0
		Body	...	...	...	5	0	10	0
		Scabies	...	...	...	1	0	0	0
		Impetigo	...	...	...	46	3	33	0
Eye	...	Other Diseases (Non-Tubercular)				15	2	19	2
		Blepharitis	...	...	...	103	20	40	5
		Conjunctivitis	...	...	...	11	4	16	0
		Defective Vision	...	...	...	627	441	439	67
		Squint	...	...	...	137	53	60	16
Ear	...	Other Conditions				19	19	18	6
		Defective Hearing	...	...	...	36	30	32	9
		Otitis Media	...	...	...	112	59	66	18
		Other Ear Diseases				9	4	14	1
		Tonsils—							
Nose and Throat	...	Slightly Enlarged				78	875	79	89
		Considerably Enlarged				284	21	115	8
		Adenoids—							
		Slight	...	...	...	95	372	58	56
		Marked	...	...	...	22	1	19	0
Enlarged Cervical Glands (Non-Tubercular)		Other Conditions				24	166	25	38
		Defective Speech—				15	211	11	59
		Stammer, etc.	...	...	...	4	10	1	4
		Educational Defects				4	47	0	24
		Teeth—Dental Diseases				265	105	73	5
Heart and Circulation		Heart Diseases—							
		Organic	...	...	...	17	50	3	7
		Functional	...	...	...	9	117	8	22
		Anæmia	...	...	...	360	53	110	16
		Bronchitis	...	...	...	49	77	12	12
Lungs	...	Other Non-Tubercular Diseases				16	79	11	17
		Pulmonary—							
		Definite	...	...	...	12	0	11	1
		Suspected	...	...	...	22	56	7	57
		Non-Pulmonary				8	16	13	17
Nervous System	...	Epilepsy	...	...	...	6	7	9	4
		Chorea	...	...	...	6	4	8	2
		Other Conditions				26	64	14	29
		Rickets	...	...	...	38	18	4	2
		Spinal Curvature	...	...	...	34	1	22	2
Deformities	...	Other forms				273	40	145	14
		Goitre				90	83	59	44
		Other Defects and Diseases				282	136	232	46

B. Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children.		Percentage of Children found to require treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
CODE GROUPS :			
Entrants 	6044	1057	17.5
Intermediates 	3501	784	22.4
Leavers 	4825	915	19.0
Total (code groups) 	14370	2656	18.5
Other routine inspections 	Nil.	Nil.	—

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.	
BLIND (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools for the Blind ...	8	9	17	
		Attending Public Elementary Schools ...	1	2	3	
		At other Institutions ...	1	1	2	
		At no School or Institution ...	1	3	4	26
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools for the Blind ...	—	—	—	•
		Attending Public Elementary Schools ...	32	35	67	
		At other Institutions ...	—	—	—	
		At no School or Institution ...	4	2	6	73
DEAF (including Deaf and Dumb and partially Deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools for the Deaf ...	16	12	28	
		Attending Public Elementary Schools ...	2	1	3	
		At other Institutions ...	—	—	—	
		At no School or Institution ...	1	1	2	33
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Public Elementary Schools ...	8	3	11	
		At no School or Institution ...	2	2	4	15
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	42	39	81	
		Attending Certified Day Class ...	8	4	12	
		Attending Occupation Centres ...	8	12	20	
		Attending Public Elementary Schools ...	87	67	154	
		At other Institutions ...	1	—	1	
		At no School or Institution ...	85	56	141	409
	Notified to the Local Control Authority during the year.	Feeble-minded (a) Art. 5 ...	—	—	—	
		(b) Art. 6 ...	—	8	8	
		(c) Other ...	—	—	—	
		Imbeciles ...	12	3	15	
EPILEPTICS	Suffering from severe epilepsy.	Idiots ...	2	1	3	26
		Attending Certified Special Schools for Epileptics ...	5	—	5	
		Attending Public Elementary Schools ...	7	1	8	
	Suffering from epilepsy which is not severe.	At no School or Institution ...	1	2	3	16
		Attending Public Elementary Schools ...	25	16	41	
		At no School or Institution ...	—	2	2	43

TABLE III.—(continued).

PHYSICALLY DEFECTIVE			Boys.	Girls.	Totals.	
	Pulmonary Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open-Air Schools ... At Public Elementary Schools ... At no School or Institution ...	— 11 104 24	— 6 75 22	— 17 179 46	242
	Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... At Public Elementary Schools ... At no School or Institution ...	5 34 16	5 23 9	10 57 25	92
	Delicate Children.	At Certified Residential Open-Air Schools ... At Certified Public Elementary Schools ... At no School or Institution ...	2 49 7	1 75 7	3 124 14	141
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	6 97 1 25	9 92 — 15	15 189 1 40	245
	Minor Deformities (including partially cured and non-crippling conditions)	At Certified Hospital Schools ... At Public Elementary Schools ... At no School or Institution ...	— 96 2	— 131 4	— 227 6	233

TABLE IV.

Treatment of Defects of Children during 1925.

A.—Treatment of Minor Ailments.

Disease or Defect.	Referred for treatment.	No. treated.	Results of treatment.			No. not treated, or no report.	Per cent. treated.
			Remedied.	Improved.	Unchanged		
Skin—							
Ringworm—Head ...	108	102	57	38	7	6	94
„ Body ...	18	17	17	0	0	1	94
Scabies ...	7	7	7	0	0	0	100
Impetigo ...	73	69	63	6	0	4	95
Minor Injuries ...	22	18	16	2	0	4	81
Other Skin ...	64	54	35	14	5	10	84
Ear Diseases ...	185	155	94	54	7	30	84
Eye Diseases (External and other) ...	221	184	100	62	22	37	83
Miscellaneous ...	43	39	25	9	5	4	91
	741	645	414	185	46	96	88

B.—Treatment of Visual Defect.

No. referred for refraction, etc., 1925.	No. examined by County Oculist.				No. for whom no treatment necessary.	No. Absent.	No. obtaining treatment elsewhere.
	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treat- ment advised.				
			Obtained.	Not obtained.			
1,203	935	895	8	0	73	174	13

C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	No. treated.	Received operative treatment.	Received other forms of treatment.			No. not treated, or no report.	Per cent. treated.
			Remedied.	Improved.	Unchanged		
954	722	367	97	216	42	232	76

TABLE V.
Summary of Treatment of Defects during 1925.

Disease or Defect.	Referred for treatment	No. treated.	Results of treatment.			No. not treated, or no report.	Per cent. treated.
			Remedied.	Improved.	Unchanged		
Minor Ailments ...	741	645	414	185	46	96	88
Visual Defects (includ- ing Squint) ...	1203	956*	916	6	40	174	86
Defects of Nose and Throat ...	954	722	464	216	42	232	76
Dental Defects ...	378	234	125	105	4	144	62
Malnutrition ...	215	189	28	148	13	26	89
Defective Hearing ...	105	82	40	34	8	23	78
Defective Speech ...	4	2	0	2	0	2	50
Enlarged Cervical Glands (Non-T.B.)...	57	50	32	15	3	7	88
Heart Disease— Organic ...	12	10	0	5	5	2	83
Functional ...	33	21	6	10	5	11	64
Anæmia ...	473	376	108	232	6	97	79
Lung Disease (Non- T.B.) ...	90	84	39	39	6	6	93
Tuberculosis— Pulmonary— Definite ...	59	57	5	50	2	2	97
Suspected ...	95	90	3	84	3	5	95
Non-Pulmonary ...	48	45	3	42	0	3	94
Disease of Nervous System ...	102	83	31	40	12	19	81
Deformities ...	254	167	33	102	32	87	66
Goitre ...	181	144	17	108	19	37	80
Other ...	464	381	197	159	25	83	82

*In addition 73 children attended and were examined but no treatment was necessary

TABLE VI.

Summary relating to Children Medically Inspected at the Routine
Inspections during the Year 1926.

(1) The total number of children medically inspected at the routine inspections	14,370	Percentage Prevalence.
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	2,288	15.9
(3) The number of children in (1) suffering from:—		
Malnutrition	920	6.4
Skin Disease	133	0.9
Defective Vision (including Squint)	3,395	40.8
Eye Disease	240	1.7
Defective Hearing	175	2.1
Ear Disease	379	2.6
NOSE AND THROAT DISEASE—		
Tonsils—Slightly Enlarged	2,134	14.9
Considerably „	322	2.2
Adenoids—Slight	656	4.6
Marked	22	0.2
Other Conditions	555	3.9
	3,689	25.7
Enlarged Cervical Glands (Non-Tubercular)	1,811	12.6
DEFECTIVE SPEECH—		
Stammer, etc.	80	0.6
Educational defects	269	1.9
	349	2.4
Dental Disease	8,740	60.8
HEART DISEASE—		
Organic	89	0.6
Functional	135	0.9
	224	1.6
Anæmia	722	5.0
LUNG DISEASE (Non-Tubercular)—		
Bronchitis	183	1.3
Other Diseases	144	1.0
	327	2.3
TUBERCULOSIS—		
Pulmonary—Definite	12	0.1
Suspected	82	0.6
	94	0.7
Non-Pulmonary	31	0.2
Disease of the Nervous System	201	1.4
Rickets	254	1.8
Deformities	554	3.9
Goitre	496	3.5
Other Defects and Diseases	593	4.1

TABLE VII.

TOTAL 1926 INSPECTIONS.

SEPARATE DISTRICTS.

District.	Elder Children (12 & over).		8—9		3—8		Children specially presented				Total.	Approximate Number Children in Average Attendance.	Percentage of Average Attendance Inspected.	Per cent. Routine Inspected 1926.	Medical Inspector.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	9—11½		Re-inspections.						
							Boys.	Girls.	Boys.	Girls.					
Axbridge	349	307	272	233	440	354	165	162	415	417	3,114	5,406	57.6	36.1	Dr. Hibbert, Dr. Walker
Bath	106	119	82	64	133	108	102	116	334	357	1,521	1,667	91.2	36.7	Dr. Dunscombe
Bridgwater	144	125	123	114	188	178	57	66	167	181	1,343	2,196	61.2	39.7	Dr. Hibbert
Chard	216	170	125	98	251	274	88	54	497	382	2,155	2,779	77.5	40.8	Dr. Brooks
Clutton	233	240	216	181	302	261	167	238	656	775	3,269	4,320	75.7	33.2	Dr. Dunscombe, Dr. Williamson
Dulverton	44	29	23	22	29	39	46	28	67	84	411	546	75.3	34.1	Dr. Parker
Frome	139	147	140	120	209	194	158	154	493	550	2,304	2,795	82.4	34.0	Dr. Dunscombe, Dr. Williamson
Keynsham	53	45	30	34	89	86	38	58	157	169	759	954	79.6	35.3	Dr. Dunscombe
Langport	94	90	58	65	125	111	43	52	230	210	1,078	1,502	71.8	36.2	Dr. Brooks
Long Ashton	181	175	118	140	198	190	72	71	183	213	1,541	3,081	50.0	32.5	Dr. Hibbert
Shepton Mallet	106	113	73	57	119	119	45	57	192	204	1,085	1,623	66.9	36.1	Dr. Hibbert, Dr. Brooks
Taunton	75	93	79	78	140	120	106	90	148	173	1,102	1,775	62.1	32.4	Dr. Parker
Wellington	110	105	78	70	122	129	102	127	212	208	1,263	1,609	78.5	38.2	Dr. Parker
Wells	200	182	103	112	228	235	74	65	214	223	1,636	2,740	59.7	38.7	Dr. Hibbert
Williton	100	118	92	92	181	156	150	151	291	300	1,631	2,019	80.8	36.6	Dr. Parker
Wincanton	147	136	82	85	180	181	68	68	236	236	1,419	1,914	74.1	42.4	Dr. Brooks
Yeovil	169	165	129	113	180	195	81	74	340	331	1,777	1,971	90.2	48.3	Dr. Brooks
Totals	2,466	2,359	1,823	1,678	3,114	2,930	1,562	1,631	4,832	5,013	27,408	38,897	70.5	36.9	

